

Enclose check or
money order

DO NOT
SEND
CASH

Application for a Class G (Conditional) License

(For use by counselors who have NOT completed a teacher education program and have completed all requirements except the internship/practicum)

Board of Educational Examiners
Use Only

10/07

INSTRUCTIONS:

1. Attach official/original college/university transcripts showing all counseling course work.
NO GRADE REPORTS OR COPIES ACCEPTED.
2. A complete application must include the completed application, official transcripts, and fee.
3. Send all materials and check or money order for \$85 made payable to the **Board of Educational Examiners, Licensure, Grimes State Office Building, 400 E. 14th St., Des Moines, IA 50319-0147.**
4. Complete the fingerprint packet information. Enclose the \$52 fee.
5. Please allow 6 to 8 weeks to process.

SECTION I

Applicant's Folder #	Social Security #	Date of Birth Month Day Year	<input type="checkbox"/> Male <input type="checkbox"/> Female
Last Name	First Name	Middle Name	Maiden Name
Address	City	State	Zip Code
Home Phone ()	Work Phone ()	Email Address	

Background Information:

For any "Yes" response, attach a written explanation on 8 1/2" x 11" paper. Be sure to include the date of the violation. DO NOT explain on this application form. *If you have reported a "Yes" response on a previous application, check "PR" (previously reported) instead of "Yes" on this application, if no further conviction(s) has occurred.

- a. Yes ☐ No ☐ PR ☐ Have you ever been convicted of a felony?
- b. Yes ☐ No ☐ PR ☐ Have you ever been convicted of a crime other than parking or speeding violations?
(NOTE: Include all deferred judgments.)
- c. Yes ☐ No ☐ Do you currently have any criminal charges pending against you?
- d. Yes ☐ No ☐ PR ☐ Have you ever had a founded report of child abuse made against you?
- e. Yes ☐ No ☐ PR ☐ Have you ever had an educational license revoked or suspended?
- f. Yes ☐ No ☐ Are you a United States citizen? If you answered "No," check if you are:
☐ a qualified alien (as defined in 8 U.S.C.A. § 1641). If so, please provide appropriate documentation.
☐ an alien who is paroled into the United States under 8 U.S.C.A. § 1182(d)(5) for less than one year. If so, please provide appropriate documentation.
☐ a foreign national not physically present in the United States.
☐ other – Please provide a detailed explanation on a separate 8 1/2 x 11 sheet of paper

Statement of Permission and Fraud:

I hereby give permission for the Board of Educational Examiners to conduct both an Iowa criminal history record check with the Division of Criminal Investigation and a national check through the Federal Bureau of Investigation. Any information maintained by the DCI or FBI may be released as allowed by law.

An application will be considered fraudulent, and may be denied, if it contains any false representation or omission of material fact, or if false records are submitted in support of the application.

I certify under penalty of perjury and pursuant to the laws of the state of Iowa that the preceding information is true and correct.

Signature of Applicant

Date

SECTION II - TO BE COMPLETED BY THE COLLEGE RECOMMENDING OFFICIAL (type or print)

If a person has completed a baccalaureate degree and has completed all requirements of the school guidance counselor endorsement prior to the practicum or internship, the Class G license may be requested if the person receives the recommendation from the college official in the school guidance counseling program. **The applicant is expected to complete all requirements for this endorsement within the term of this license. Upon completion of the requirements, the applicant must complete application materials, and be recommended by the recommending official of the institution at which the requirements have been completed.**

_____ verifies that _____ is eligible for a
(College or university) (Name of applicant)

Class G (*two-year conditional*) license to serve as school guidance counselor.

This request is for period beginning with the following school year- 20____ - 20____.

(Recommending Official's Signature)

(Print or type official's name.)

(Date)